

15/5/2010

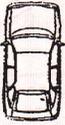
INS. CASE OWNER:

CC 3/CTI1801 8895, k1263

LKK: IDAC:

Surveyor: Kalvin DOI: 16/10/08 Date/Time: 16/10/08

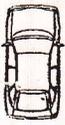
Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 8567m
Name of Insured : KIRAN PILLAI
Insured Tel No. : _____ HP: _____
Excess Sec II :\$S _____ D.O.A : 12/10/08
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : MUKHAMMAD IMRAN BIN ABDUL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) WILL Insured Liability : 0 % Final ? Yes / No

Claim No. : SM1801489501
Policy No. : BMKUSN735148100
Make / Model : BMW
Place of Accident : WORTH BRIDGE RD.

SHE 7617R



INSRS: CODE
WSP: W
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/Time	STAGE	DATE / PIC
<u>m/10/08</u>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	<u>11/26-08</u>
<u>11/10/08</u>	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 17/10/08 Sent By: BJ

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: 419 \$S 900.00 (2 days) Reduction: 66 % Email Call

FINAL SETTLEMENT Date/Time: 16/02/09 Confirm with: WILLIAM Email Call

Final liability:	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____
Repair Cost:	\$S <u>401.50</u>	<u>(BOTH CHANGED LANE)</u>
Loss of Rental (LOR):	\$S <u>117.28</u> (2 days) x \$ <u>117.28</u>	<u>BELOW \$3K MANDATE</u>
Loss of Use (LOU):	\$S <u>50.00</u> (\$ <u>50</u> x 2 days)	<u>NO UNLIFE</u>
Loss of Income (LOI):	\$S _____ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S <u>7.19</u>	
Medical:	\$S _____	1) Claim status: <u>Normal</u> / Reject / Private Settle
Disbursement:	\$S _____ (e.g. Tow / Independent)	2) Report Format: _____
Legal Cost	\$S _____	3) Survey fee: <u>\$400.00</u>
Total:	\$1,309.05 \$S 659.27 Global Sum \$S: 650.00	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1:	\$S <u>650.00</u> Name 1: <u>COMPTON PLAZA ENGINEERING PTE LTD</u>
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____